

CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 16.1
TITLE: ALLERGY TESTING AND TREATMENT

AUTHORITY: 38 CFR 17.270(a) and 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2)(xiv)

I. EFFECTIVE DATE

April 19, 1983

II. PROCEDURE CODE(S)

86003, 95004-95075, 95115-95199

III. DESCRIPTION

The testing and treatment of conditions related to allergies.

IV. POLICY

Allergy testing and treatment are covered based on medical necessity. All claims for allergy testing must indicate the type and number of tests performed.

V. POLICY CONSIDERATIONS

The following criteria applies to allergy testing:

1. IgE immunoassays testing that include RAST (Radio Allergosorbent Test), FAST (Fluro Allergosorbent Test), and IPA (Immunoperoxidase Assay Test) is covered for inhalant or food allergy testing. Following are some examples in which the use of RAST testing is covered based on medical necessity:

a. Testing of patients with severe dermatographism, ichthyosis, atopic dermatitis, hives, or generalized eczema.

b. Testing in patients who have been receiving long-acting antihistamines, tricyclic antidepressants, or other medications that may interfere with skin testing that if discontinued would put the patient at risk.

c. Testing of uncooperative patients; for example, small children or individuals with mental or physical impairments.

d. The evaluation of cross-reactivity between insect venoms.

e. As adjunctive laboratory tests for disease activity of ABPA (Allergic Bronchopulmonary Aspergillosis) and certain parasitic diseases.

f. When clinical history suggests an unusually greater risk of anaphylaxis from skin testing to a specific allergen.

g. Direct skin testing is inconclusive and further diagnostic test is necessary.

2. Total serum IgE Concentration - also known as PRIST (Paper Radioimmunosorbent Test) and RIST (Radioimmunosorbent Test).

Note: This test is not indicated for all allergic patients. It should be reserved for those patients who are symptomatic and allergy is likely by history, but who have negative allergy results; allergies are not suspected, but the patient remains symptomatic in spite of routine interventions; and in asthmatic patients in which allergic bronchopulmonary aspergillosis (infection of the bronchi and lungs with aspergillus) is suspected.

3. Bronchial challenge testing (also called inhalation challenge testing). Claims for this procedure are covered when the following criteria is met. The testing is done by having the patient inhale low, gradually increasing concentrations of aerosolized methacholine, histamine, or exposing the patient to dust or fumes in a special exposure chamber. Testing should be done only in a facility with adequate emergency resuscitation equipment close by. The indications for inhalation challenge are provided below:

a. To diagnose or rule out hyperreactive airways and/or provide supportive evidence when asthma is suspected on clinical grounds.

b. To identify causative or provocative occupational or other allergens for which skin testing is not reliable.

c. To identify new allergens for which skin or serum testing has not yet been validated.

d. To confirm the importance of unavoidable pollen or other inhalant allergens before committing a patient to immunotherapy.

4. Drug provocation. This test is only used for patients who give a history of a particular drug allergy and who need that specific drug treatment when no other drug is as effective.

5. Skin testing for drugs. This testing is unreliable except for macromolecules and penicillin.

6. Quantitative in vitro allergy testing for diagnosis of allergic rhinitis. These tests are covered in those clinical situations where in vitro skin testing is not possible, **that is** when the patient:

a. **I**s unable to discontinue long-acting antihistamines or tricyclic antidepressants, which may interfere with skin testing.

b. **H**as generalized skin disease, such as atopic dermatitis, dermatographism, ichthyosis, hives, or generalized eczema.

c. **R**efuses the skin test or is uncooperative, **such as** small children, patients, with mental or physical impairments.

d. **H**as a clinical history suggesting a higher risk of anaphylaxis with skin testing to a specific allergen.

VI. EXCLUSIONS

A. The following allergy testing procedures are considered investigational or experimental (unproven).

1. **C**hemical analysis of body tissue
2. **C**ytotoxic leukocyte test for food and inhalant allergies
3. **E**lectrodermal diagnosis
4. ELISA (**E**nzyme **L**inked **I**mmunoadsorbent **A**ssay)
5. **F**ood challenge testing performed in connection with clinical ecology programs
6. **I**n vitro allergy testing should not be performed in patients already on satisfactory therapy, in patients with mild symptoms and a short allergy season, or in patients who have had a negative intradermal skin test for the allergen in question (in vitro testing for specific IgE should not be used to provide definitive diagnosis of patients with suspected insect-sting or drug allergy)
7. **I**n vitro histamine release
8. **I**n vitro lymphocyte proliferation
9. **K**inesiology testing which involves muscle strength measurements after food ingestion or sublingual application of food extracts

10. **P**assive transfer (Prausnitz-Kustner) test
11. **P**rovocative and neutralization testing for food, environmental chemicals, inhalant allergens, and endogenous hormones, (CPT code 95078)
12. Reagin Pulse test that measures the increase of pulse rates after ingestion of a suspected allergic food substance
13. Rebuck skin window test
14. **R**ecall skin tests
15. **S**erial skin-test end point titration for routine testing
16. **S**ublingual testing

B. The following allergy treatment procedures are considered investigational or experimental (unproven).

1. **C**hemical exposure avoidance, special diet therapy, drug therapy and neutralization therapy for environmental allergies
2. **I**mmunotherapy involving any injection of a food antigen
3. **I**ntracutaneous (intradermal) and subcutaneous neutralization therapy for food allergies
4. **S**ublingual antigen therapy
5. **S**ublingual neutralization therapy for food and inhalant allergy
6. **T**otal serum IgE concentration in cord blood
7. **U**rine autoinjection (autogenous urine immunization)

END OF POLICY